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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. MCSALLY FOR SENATE INC 2141 E CAMELBACK ROAD STE 250 ADDRESS (number and street) (Check if address is changed) **PHOENIX** 85016 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PAUL@PDSCOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address MEGAN@PDSCOMPLIANCE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) MCSALLYFORSENATE.COM (Check if address is changed) DATE 2018 C00666040 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. KILGORE, PAUL, , , Type or Print Name of Treasurer KILGORE, PAUL, , , [Electronically Filed] 10 15 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FE	C Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	x	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.) MCSALLY, MARTHA, , ,	olete the candidate
Candid Candid Party A	late	on REP Office Sought: House X Senate President	State AZ District 00
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida			
Party	Com	nmittee: (National, State	Democratic,
(d)		· · · · · · · · · · · · · · · · · · ·	Republican, etc.) Party.
Politic	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confi	nected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint I	Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam		. ago u
MCSALLY FOR		
	Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
MCSALLY SENATE \	/ICTORY FUND	
	824 S MILLEDGE AVE STE 101	
Mailing Address		
		20005
	ATHENS GA	30605
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee X Joint Fundraising Representative	/e Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of the pers	son in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; a assistant treasurer).	nd the name and address of
Full Name KILGORE	, PAUL, , ,	,
of Treasurer	JOSEPH CONTROL OF ANTE	
Mailing Address	824 S. MILLEDGE AVE.	
	STE. 101	
	ATHENS	30605
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	534 7780

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	G G	2 3322
	Telephone number	
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safety deposit boxes Name of Bank, Dep	s or maintains funds. pository, etc. WELLS FARGO	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Mailing Address WASH Relationship: Connected Organiza esignated Agent: Identify by name Full Name Mailing Address Mailing Address	DX 3986 HINGTON CITY Affiliated Committee	X Join	FEC FEC raising Re	ID number ID num	20027 ZIP	CODE A
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TITLE OR POSITION ▼	CITY A			STATE A	ZIP (CODE A
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anks or Other Depositories: List afety deposit boxes or maintains further depositors, etc.	nds.	es in which	the comm	nittee depos	ts funds, holds a	ccounts, ren
Mailing Address 1445-A	LAUGHLIN AVE.		1 1 1			
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FEC Form 1S (Revised 02/2017)

5(g) o	r(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrais CLASSIC COMMITTEE	ing Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S WASHINGTON STREET SUITE 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	ndraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Telep	hone Number	
	safety deposit boxes or ma	ries: List all banks or other depositories in which the intains funds.	committee deposits	s funds, holds accounts, rents
	Depository, etc.			
	Mailing Address	2001 K STREET		
		WASHINGTON	DC	20006
		CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

5(g) or ((h). Joint Fundraisi r	ng Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
_	4.			
6. N	lame of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	e. or Leadership PAC Sponsor
		EN VICTORY 2018	.	
	Mailing Address	228 S. WASHINGTON ST.		
	Walling Address	STE.115		
				00044
		ALEXANDRIA	VA	22314
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
8. D	esignated Agent: Identif	y by name, address (phone number – optional)		
- 8. D	Pesignated Agent: Identif	y by name, address (phone number – optional)		
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— 8. D	Full Name Mailing Address	CITY A	STATE A	
8. D	Full Name Mailing Address	CITY A		
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—	Full Name Mailing Address TITLE OR POSITION	CITY CITY Tel pries: List all banks or other depositories in which t	ephone Number	ZIP CODE 🛦
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— 9. B sa	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or mail and the proposition of Bank, Depository, etc.	CITY CITY Tel pries: List all banks or other depositories in which taintains funds. ED BANK	ephone Number	ZIP CODE 🛦

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Full Name			,		1 1 1 1 1 1 1 1 1 1 1
	ed Organization	* Affiliated Committee	Joint Fundraising	riepresenta	ative Leadership PAC Sp
Relationship:		CITY A		STATE A	ZIP CODE A
	TUCSON			ı AZ ı	85731-9128 _{1 1}
Mailing Address					
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FEC Form 1S (Revised 02/2017)

Page _9 **of** 23_

5(g)	or(h). Joint Fundraisin	g Participant:		C
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
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ô.		Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON ST.		
		STE. 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Sponsor
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
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	Mailing Address	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi r	ig Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
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ame of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representativ	e, or Leadership PAC Spon
GOP WINNING V	VOMEN		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	, , , VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
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FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
KEEP THE SENA	ATE RED 2018		
	228 S WASHINGTON STREET		
Mailing Address			
	SUITE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraising					
1.			_	ID number	С
2.			FEC	ID number	C
3.			FEC	ID number	С
4.			FEC	ID number	C
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Mailing Address	228 S. WASHINGTON	ST.			
	STE. 115				
	ALEXANDRIA			VA	22314
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
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FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	WINNING WOME	N GOP AZ		
	Mailing Address	228 S. WASHINGTON ST.		
	· ·	STE. 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Full Name L			
	Mailing Address	CITY A	STATE A	ZIP CODE A
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9.	Mailing Address TITLE OR POSITION	Tes: List all banks or other depositories in which	STATE STATE lephone Number	ZIP CODE A
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9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail. Name of Bank,	Tes: List all banks or other depositories in which intains funds.	STATE STATE lephone Number	ZIP CODE A
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	Tes: List all banks or other depositories in which intains funds.	STATE STATE lephone Number	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
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	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative	or Leadership PAC Sponsor
	WOMEN LEADER	RSHIP COMMITTEE		
	Mailing Address	824 S MILLEDGE AVE STE 101		
		ATHENS	GA L	30605
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee X Joint	Fundraising Representati	ive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Full Name			
		CITY A	STATE A	ZIP CODE A
	Mailing Address	•		
9.	Mailing Address TITLE OR POSITION	ries: List all banks or other depositories in which	STATE ▲ lephone Number	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

Page $\frac{15}{}$ of $\frac{23}{}$ 5(g) or (h). Joint Fundraising Participant: C FEC ID number C FEC ID number C FEC ID number C FEC ID number Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 6. WINSOME LEADERS II 901 N WASHINGTON ST SUITE 700 Mailing Address 22314 ALEXANDRIA Relationship: ZIP CODE A CITY A STATE A Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sponsor Designated Agent: Identify by name, address (phone number - optional) 8. Full Name Mailing Address ZIP CODE CITY A STATE A TITLE OR POSITION ▼ Telephone Number Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents 9. safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address

CITY A

STATE A

ZIP CODE A

FEC Form 1S (Revised 02/2017)

or(h). Joint Fundraisi r	ng Participant:		
, , , , , , , , , , , , , , , , , , , ,		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
4.			
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
SECURING THE	SENATE MAJORITY COMMITTEE		
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Join	t Fundraising Representa	ative Leadership PAC Sponsor
Full Name			
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	1	elephone Number	
safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.	the committee deposit	s funds, holds accounts, rents
Depository, etc.			
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundrais i	ng Participant:	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
MCSALLY ARIZ	ONA VICTORY FUND		
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC Sp
	fy by name, address (phone number – optional)	Fundraising Hepresent	Leadership PAC S
esignated Agent: Ident		Fundraising Hepresenta	Leadership PAC S
esignated Agent: Ident		Fundraising Hepresenta	Leadership PAC S
esignated Agent: Ident		Fundraising Hepresenta	Leadership PAC S
esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Ident	fy by name, address (phone number – optional) CITY		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisin	j Participant:				
1.			FEC ID number	er C	
2.			FEC ID number	er C	
3.			FEC ID number	er C	
4.			FEC ID numbe	er C	
	Organization, Affiliated Com	mittee, Joint Fund	raising Representa	itive, or Lead	ership PAC Spon
WINSOME LEADI	:K3 				
<u> </u>					
	∣ 901 N WASHINGTON ST SU	JITE 700			
Mailing Address					
			.,,		
	ALEXANDRIA		VA		
Relationship:	CITY	′ A	STATE	A	ZIP CODE ▲
	Organization Affiliated Co		nt Fundraising Repres	entative	Leadership PAC S
esignated Agent: Identify Full Name	Organization Affiliated Co		nt Fundraising Repres	entative	Leadership PAC S
esignated Agent: Identify			nt Fundraising Repres	entative	Leadership PAC S
esignated Agent: Identify Full Name			at Fundraising Repres		
esignated Agent: Identify Full Name	by name, address (phone nu	mber – optional)			
esignated Agent: Identify Full Name	by name, address (phone nu	mber – optional)			
esignated Agent: Identify Full Name Mailing Address	by name, address (phone nu	mber – optional)			
esignated Agent: Identify Full Name Mailing Address	by name, address (phone nu	mber – optional)	STATE 4		
Full Name Mailing Address TITLE OR POSITION	by name, address (phone nu	mber – optional)	STATE 4		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor affety deposit boxes or maintenance.	by name, address (phone nu	mber – optional)	STATE 4		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (phone nu	mber – optional)	STATE 4		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (phone nu	mber – optional)	STATE 4		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftety deposit boxes or material depositions are of Bank, epository, etc.	by name, address (phone nu	mber – optional)	STATE 4		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or material depositions are of Bank, epository, etc.	by name, address (phone nu	mber – optional)	STATE 4		ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisin	g Participant:		
(9)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e. or Leadership PAC Sponsor
		ENATE MAJORITY COMMITTEE	3 4	,
	Mailing Address	824 S MILLEDGE AVE STE 101		
		1		
		ATHENS	GA	30605
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	t Fundraising Representa	
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address	1		
		1		
			1 1 . 1	1
		CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	▼	0	0022 _
	1	1		
		1	elephone Number	
0	Ponks or Other Densites			
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.		ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which		s funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi r		FEC ID number	C
2.		FEC ID number	С
		FEC ID number	С
3.		FEC ID number	С
4.			
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
GROWING OUR	SENATE MAJORITY		
I			
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated Committee Joint Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions.	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions.	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposition of Bank, epository, etc	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisin	α Participant:		
- (3)	1.	, , , , , , , , , , , , , , , , , , ,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e. or Leadership PAC Sponsor
		GOP SENATE MAJORITY	3 1	,
	Mailing Address	824 S MILLEDGE AVE STE 101		
	, and the second			
		ATHENS	ı GA	30605
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	Mailing Address			<u> </u>
	Mailing Address			
		CITY A	STATE A	ZIP CODE A
	Mailing Address TITLE OR POSITION	1	STATE A	ZIP CODE A
		•	STATE A	ZIP CODE A
	TITLE OR POSITION		lephone Number	
9.	TITLE OR POSITION	ries: List all banks or other depositories in which t	lephone Number	
9.	TITLE OR POSITION Banks or Other Depositor	ries: List all banks or other depositories in which t	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which t	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which t	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which t	lephone Number	

FEC Form 1S (Revised 02/2017)

TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc. Mailing Address	pries: List all ban	ks or other depositories in v	Telephone Number		holds accounts, rents
Banks or Other Depositors of Bank, Depository, etc.	pries: List all ban	ks or other depositories in v	· ·		holds accounts, rents
Banks or Other Depositorsafety deposit boxes or m	pries: List all ban	ks or other depositories in v	· ·		holds accounts, rents
Banks or Other Deposito	pries: List all ban	ks or other depositories in v	· ·		holds accounts, rents
TITLE OR POSITION			Telephone Numbe	er	
TITLE OR POSITION					
	▼	CITY A	STAT	E A	ZIP CODE ▲
Mailing Address			<u> </u>		<u> </u>
Full Name	y by name, addre				
		ess (phone number – option		resentative	Leadership FAC Spor
	d Organization	CITY ▲ Affiliated Committee	Joint Fundraising Rep	TE A	ZIP CODE ▲ Leadership PAC Spor
Relationship:	ATHENS	CITY		300	
	ATUENO			20	205
Mailing Address	824 S MILLED	OGE AVE STE 101			
Name of Any Connected WIN ARIZONA F		ffiliated Committee, Joint I	Fundraising Represe	ntative, or Lea	dership PAC Sponso
4.			FEC ID IIuI	nber C	
1			FEC ID nur		
3.			FEC ID nur		
2.			_		

FEC Form 1S (Revised 02/2017)

	ndraising Participant	t:			
1			FEC ID	number	С
2.			FEC ID	number	С
3.			FEC ID	number	С
4.			FEC ID	number	С
			<u> </u>		
lame of Any Con	nected Organization	n, Affiliated Committee, Joint I	Fundraising Repr	esentativ	e, or Leadership PAC Spon
COMMON S	SENSE WOMEN	\			
<u> </u>					
	004 NUMA	OLUMOTOM OT OLUTE 700			
Mailing Addre	SS 901 N WA	SHINGTON ST, SUITE 700			
	ALEXAND	RIA		_ ∨A 	22314
Relationship:		CITY A		STATE A	ZIP CODE ▲
	onnected Organization	Affiliated Committee X	Joint Fundraising	Representa	ative Leadership PAC Sp
esignated Agent:	: Identify by name, ac	ddress (phone number – option	al)		
Full Name					
Mailing Address	3				
Mailing Address	s <u> </u>				
Mailing Address			1	1 . 1	
		CITY A	s	TATE A	ZIP CODE A
Mailing Address TITLE OR PO		CITY A	S Telephone Nu	TATE A	ZIP CODE A